

George Sumner 5th Carolina

Mr. Sumner admitted March 8th 1820

Mr. Keptin.

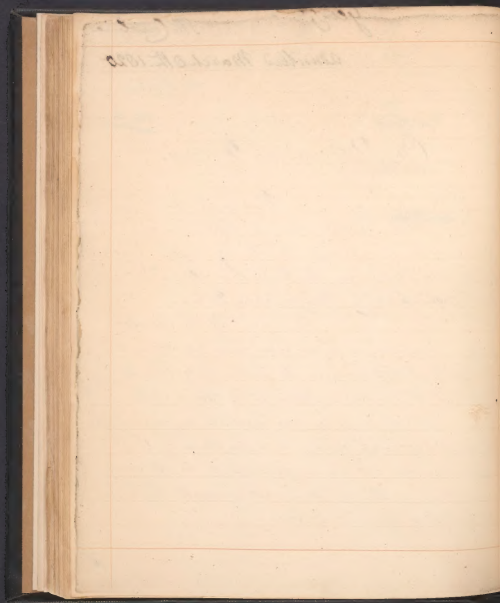
NO 3

On Plegmasia Dolens.

Resperat Stollings
of the inferior extremities are called in our
vernacular language Milk leg, by the French
dépôt de lait, by the Germans adema lacteum,
and technically Plegmasia Dolens.

Of the Causes
of this complaint little has been ascertained.
Medical writers seem to have entertained
different Opinions relative to its true nature.

Mr. Wile, who has written on this subject,
thought it was owing to a rupture of the
lymphatics, which he believes to be effected
by pressure of the child's head against the os
of the Pelvis during labour.



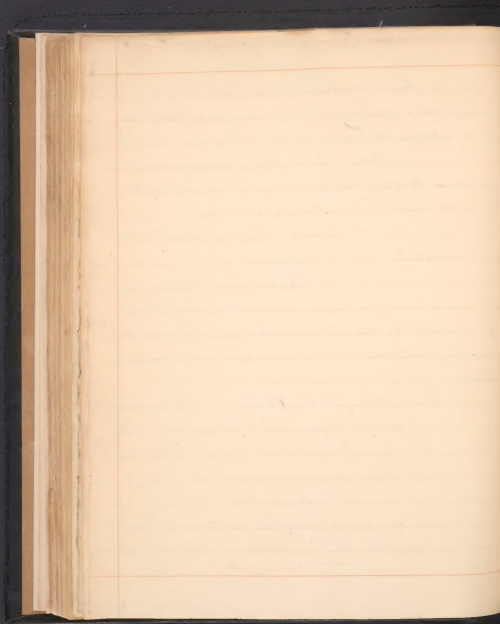
Several arguments have been urged against this theory. I will mention one or two which appear to carry with them some weight.

First. It is stated that it sometimes supervenes to easy and natural as well as to difficult and unnatural labours.

Second. That it should take place immediately.

Third. That cases are met with in which we have reason to believe that the rupture of one or more lymphatic vessels actually happens, where no swelling of this kind follows.

In dislocations of the Os humeri for example, when the capsular ligament is torn, and the head of the bone forced into the acilla, it is very probable that some of lymphatics may give way. Yet we are not acquainted with any circumstances, in which the absorbent vessels, or conglobate glands have become enlarged and



hardness, accompanied with this peculiar kind of effusion, though such dislocations have not been reduced for months.

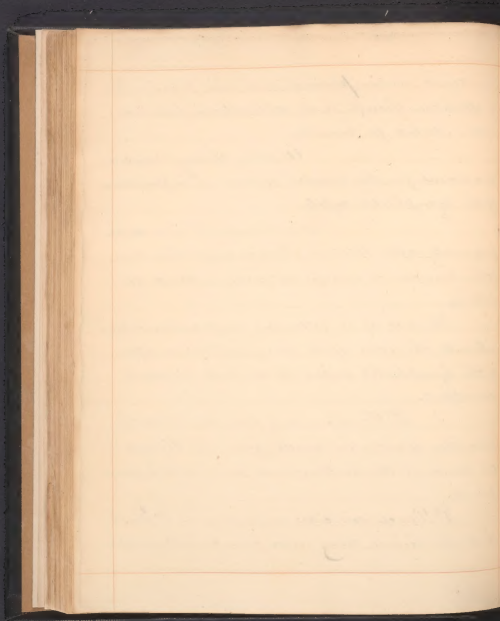
Another theory advanced to account for this disease, supposes an inflammation of the lymphatic vessels.

It is thought to occur more frequently after Uterine Hemorrhage than any other previous or subsequent circumstance of delivery.

The fact of its following profuse hemorrhage subverts the idea of its being inflammation of the lymphatic vessels, or at least makes it doubtful.

Dewees is of opinion that the absorption of vitiated matter from the Uterus is the cause of the swelling and pain of the inguinal glands.

Dewees coincides in part with Dr. Hult that the disease may arise from an inflammation

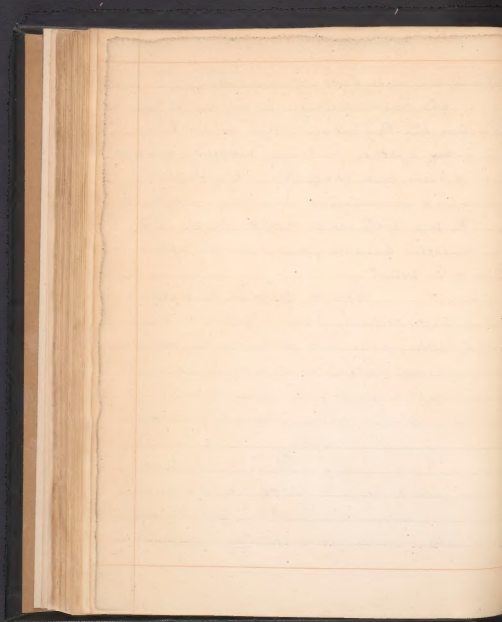


of the cellular membrane of the limb.

No doubt remains in my mind, says Hall that the Puerperal cause consists in an inflammatory affection, producing suddenly a considerable effusion of Serum and coagulating lymph from the capillaries into the cellular membrane, and goes on to say, The seat of the inflammation I believe to be in the muscles cellular membrane and inferior surface of the cutis?

Professor James in his lecture on this subject, observes. From whatever cause this puerperal Swelling may arise it differs from oedema in generally not pitting, or, at least in a very slight degree by pressure and it would generally seem to be owing to some circumstance that occurs after delivery of the patient.

The disease occurs from the first 24 hours to the end of the 4th week. commonly between the 6th & 12th day after delivery. If we believe writers no constitution or condition

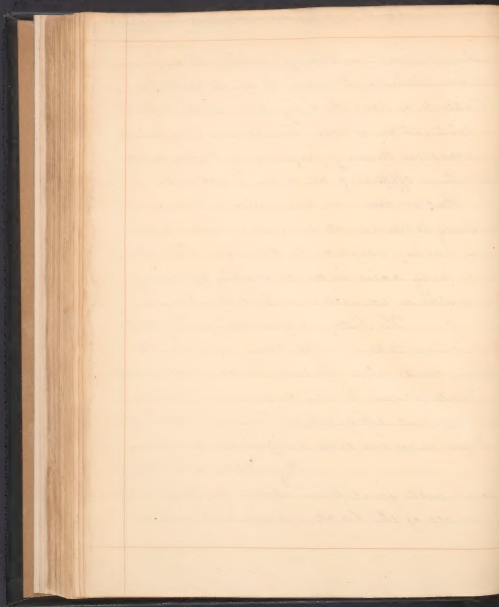


can be applied rendering women Obnoxious
to the complaint. Women of all descriptions
are liable to be attacked by it in Childhood. But
it is said those, whose limbs have been pained
or anasarous during pregnancy, & who do not
nurse their offspring, are more liable to it.

But it does not seem, also to be confined
exclusively to puerperal women, several Medical
Doctors having adopted the opinion that the
disease may exist independently of every
circumstance connected with parturition.

The history of cases are found dated
when it has taken place some months after
delivery, and where it was unconnected with
even ³parturition. It has occurred in women
not pregnant especially in America. Several
Cases are recorded of its happening in men.

Symptoms. The patient
is seized with great pain about the groin, hips
and small of the back, accompanied with







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The following is a list of the names of the persons who have been admitted to the membership of the Society since the last meeting. The names are given in the order in which they were admitted.







I have been thinking of you
much lately, and wondering how
you are getting on. I hope you
are well and happy. I have been
very busy lately, but I have
not forgotten you.

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I have not yet been able to
write you much of late. I have
been so busy with my work that
I have not had time to do so.
I have been very busy with my
work and have not had time to
write you much of late. I have
been so busy with my work that
I have not had time to do so.

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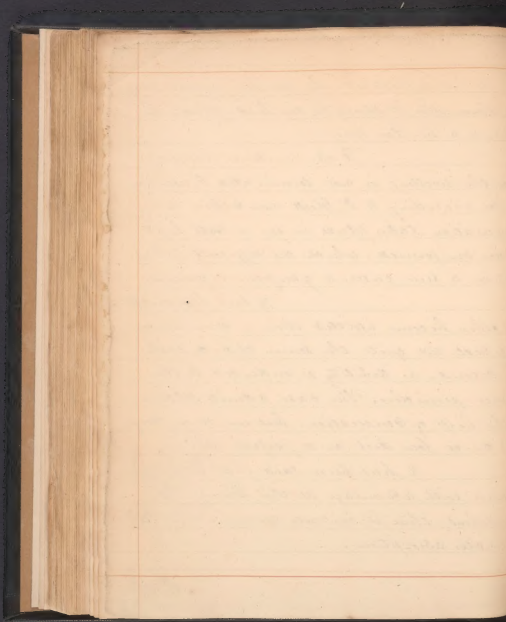
As I have noticed, the disease, unfortunately, sometimes after it abates in one limb, attacks the other in a similar way.

It also sometimes happens, that the swelling is not terminated by resolution.

Now according to Dr. Hull now & then a suppuration takes place in one or both legs & ulcers are formed, which are difficult to heal, and in a few cases, a gangrene supervenes.

If both legs, one after the other become affected there is some reason to expect not quite the same chance with the second, as debility is induced by the former permission. The case admits seldom of the help of Venesection, but we may purge and direct low diet and a perfect rest.

It has been said that Rosin may be used with advantage at this time of the complaint, that it imparts strength, and also promotes absorption.



The manner in which it is used is by drawing
the leg with it. For this purpose the leg is
made bare and a tub is placed under it,
in which place a handful of Coals and just
some Rosin on them. A blanket should be spread
over the tub. Continue this 8 or 10 minutes at
a time.

To conclude what I have to say
relative to the cure of this disease I may add
that we may generally with some degree
of confidence hope for a cure, where the
remedies enumerated are employed under
proper regulations and a constant attention
to the other circumstances of the disease.

